



2000 SEP 14 PM 12:25

SEP 8 2000

OFFICE OF
PREVENTION, PESTICIDES AND
TOXIC SUBSTANCES

Ausimont USA, Inc.
Att: Virginia Hubert
10 Leonard Lane
Therapare, NJ 08086

Dear Submitter

This letter acknowledges receipt of your Premanufacture Notice (PMN) form under Section 5(a) of the Toxic Substances Control Act (TSCA) for TS-008011. The 90 day review period will begin on 31 Aug. 00 which is the date of your submission.

Your submission is complete and has been assigned P-00-1165 thru P-00-_____. If your PMN is consolidated, case numbers are assigned to chemicals in the order in which they are listed in the notice. For example, a notice that first lists chemical A, followed by chemical B, will be assigned P-00-01, for chemical A, and chemical B will be assigned P-00-02, all other chemicals listed will proceed in that order. Any future correspondence regarding this notice should reference the case number cited in this letter.

A Notice of commencement (NOC) form is enclosed for your convenience. This form is required when submitting your NOC

All correspondences regarding complete submissions should be directed to the New Chemicals Notice Management Branch at (202) 260-3725. The review period is generally three weeks for a provisional risk management decision from the FOCUS meeting. These decisions will be posted on the EPA web site at www.epa.gov/opptintr/newchms/dropstat.htm. Please check this web site for the status of your submission. You will need your assigned case number; no other identifier will be associated with the submission.



Any needed additional PMN Forms and Instruction Manual are still available from the TSCA Information Service. Copies may be obtained by telephone at (202) 554-1404 or FAX at (202) 554-5603.

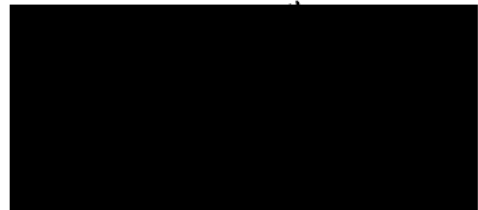
If you have any questions, please feel free to contact me at (202) 260-1738.

Sincerely,

NR

Michel Roberts
Information Management Division
Mail Code 7407

Enclosure



Is your RETURN A?

Is your RETURN A?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

116-15966

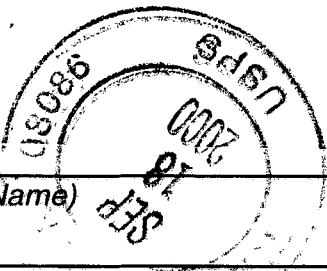
I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MS. VIRGINIA HUBERT
AUSIMONT USA INC
10 LEONARD LANE
THOROFARE, NJ 08086



4a. Article Number

P 059 166 270

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

9-18

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

X. [Signature]

Acknow P-00-1165

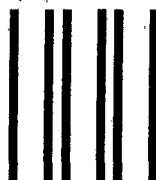
PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

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